

Indemnification Agreement - Abandoned Property

**Town of Boylston
Office of the Treasurer/Collector
221 Main Street
Boylston, MA 01505
508-869-2972**

Check # _____

Issue Date _____

Payee _____

Amount _____

Our records indicate a check made payable to you, as referenced above, has never been cashed. In order for a replacement check to be issued you will need to certify that you have not cashed or received a reimbursement for the check in question. If the Town finds that a duplicate payment has been issued to you, we reserve the right to collect any funds owed to the Town.

Please sign and return this form to the Office of the Treasurer/Collector as certification that you have not received the funds and are requesting a replacement check.

I, _____ hereby certify under pains and penalties of perjury that I have not received the check in question or a reimbursement of the same and I am entitled to receive a replacement check.

Signature

Date

Telephone: _____

Mailing Address: _____

If you have any questions regarding this matter, please do not hesitate to contact the office at 508-869-2972 during regular business hours. The office is open Monday through Thursday from 8AM to 2PM and Monday night's from 6PM to 8PM.